

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		4-A-01
O.I.P.E. CLASSIFIER		43	5/2/01
FORMALITY REVIEW	MN	920	05-16-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	5/2/01
Original	
1	✓
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5	✓
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7	✓
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13	✓
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15	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

5-17-01